

Clinical Guidelines for Assessment and Referral for Victims of Domestic Violence

A Reference for Utah Health Care Providers



**Utah Domestic Violence Council
Health Care Subcommittee**

Violence against women is intimate partner violence



- 1 in 4 women report being victims of domestic violence (DV) at some point in their lives [Tjaden 2000](#)
- 1.5 million women are sexually or physically assaulted by an intimate partner annually [Tjaden 2000](#)
- 4-8% of women are abused during pregnancy [Gazmararian 1996; Saltzman 2003](#)

Violence against women is intimate partner violence



- Homicide is the second leading cause of death for pregnant and postpartum women [Chang 2005](#)
- In Utah, adult DV-related homicides accounted for nearly 41% of all adult homicides [Utah Dept Health 2010](#)
- Nearly 1 out of 2 female homicide victims were killed by an intimate partner (versus 1 out of 20 males)

[Catalano 2009](#)

This presentation will answer...

- What is domestic violence?
- How does victimization affect our patients' health?
- How do we identify and help victims in the health care setting?



What is Domestic Violence?

Definitions

- Family Violence
 - Child Maltreatment
 - Elder Abuse
 - Intimate Partner Violence or Domestic Violence

What is Domestic Violence?

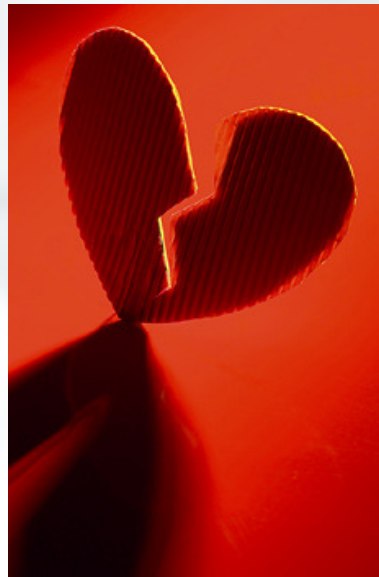
Definitions

- Domestic Violence (or Intimate Partner Violence) is
 - A pattern of assaultive behaviors that may include repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation and intimidation. These behaviors are perpetrated by someone who is or was involved in an intimate relationship with the victim and are aimed at establishing power and control over the victim. Family Violence Prevention Fund 1999

What is Domestic Violence?

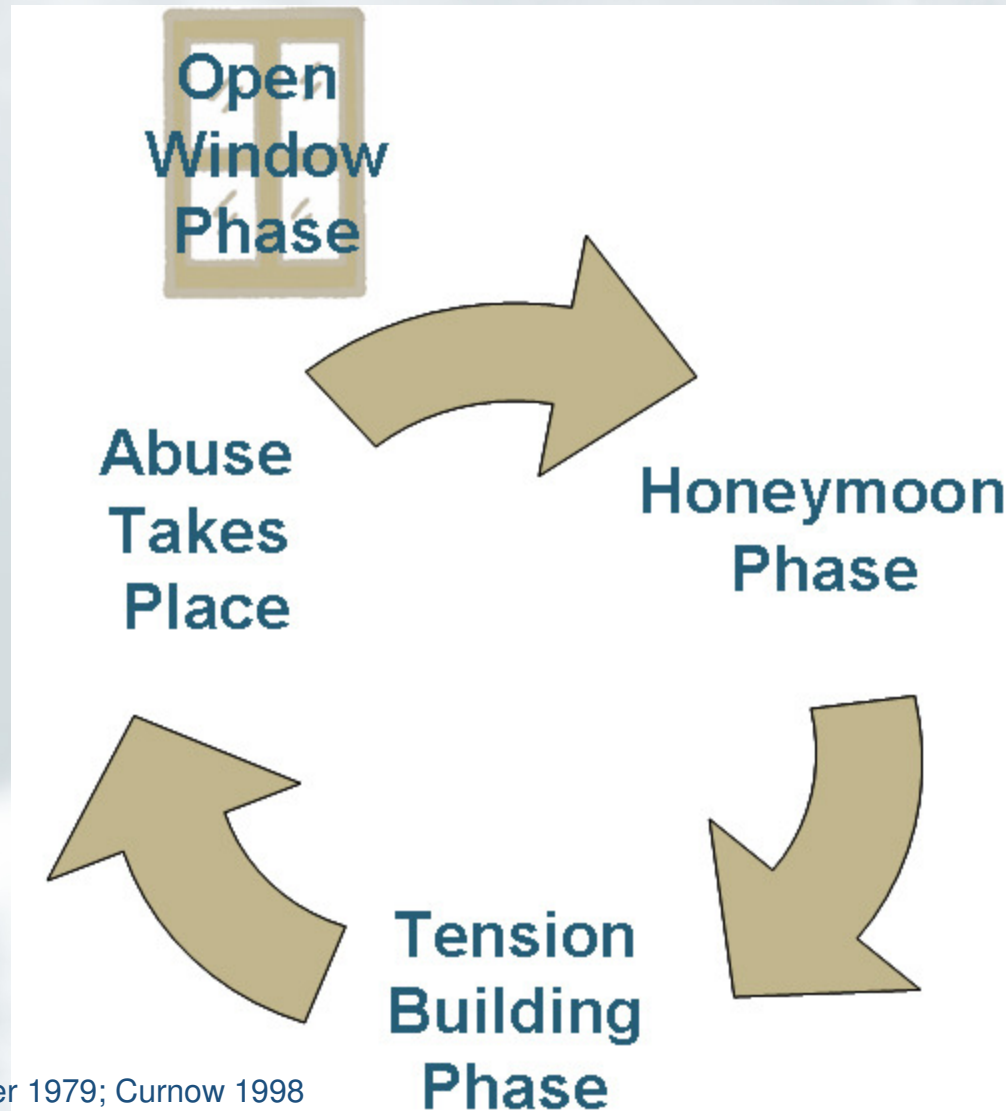
Definitions

- Emotional/Psychological Abuse
- Verbal Abuse
- Physical Abuse
- Sexual Abuse



What is Domestic Violence?

Cycle of Abuse



Walker 1979; Curnow 1998

What is Domestic Violence?

Power and Control

Victims do not just *leave* a violent relationship...

they escape from one



What is Domestic Violence?

Power and Control Diagram

- Power and Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors
- These behaviors are used by a batterer to establish and maintain control over his/her partner

Power and Control Diagram



Developed by:
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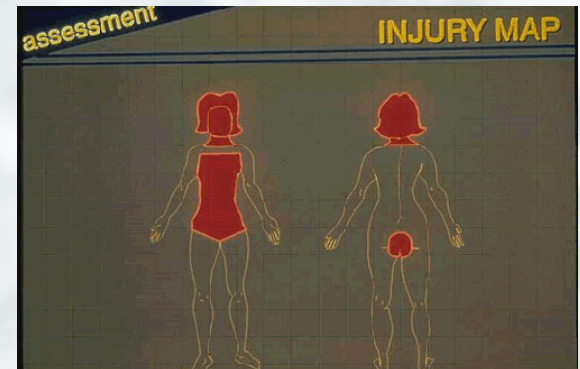


**How does
victimization affect
our patients' health?**

Direct Health Effects

Coker 2000

- Death
- Injury (common to the head, neck, torso, breasts, abdomen or genitals)
- Bilateral or multiple injuries
- Physical injury during pregnancy
- Chronic somatic complaints
- Mental Illness
- Alcohol/Substance Abuse
- Sexually Transmitted Illnesses
- Strangulation injury



Indirect Health Effects

- Increase adverse health behaviors
- Reduce preventive health behaviors
- Problems managing co-morbid conditions

DV is Pediatric Issue

911: What's your emergency?

CHILD: My mommy and daddy are having a fight!

911: Is he hitting her?

CHILD: I'm talking to the police Mommy! Stop it!
Mommy!! Oh my God!

911: What's the matter?

CHILD: Mommy!



www.ojp.usdoj.gov/ovc



Kids' art

a gallery of art from
child witnesses of violence

Child Witnesses of Violence

- Sustain injuries Christian 1997
- Try to stop the violence Edelson 2003
- Affect the mother's decision-making process Zink 2003; Schechter 1995
- Victims of child abuse Carter 1999, Knapp 1998
- Witnesses to violence National Resource Center on DV 2002



Child Witnesses of Violence

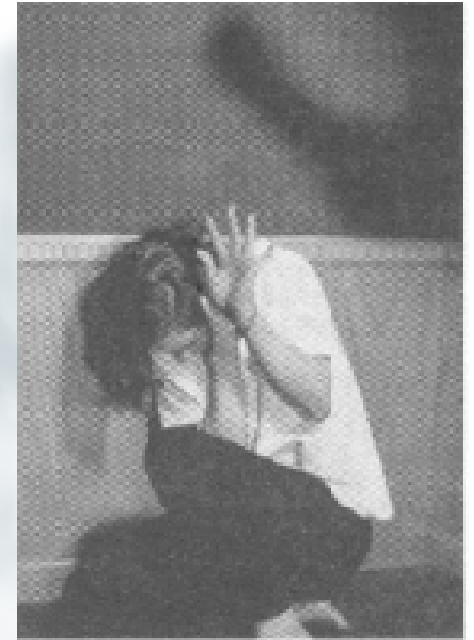
- Sleep problems
- Behavioral issues
- Psychosomatic complaints
- School Failure
- Aggression
- PTSD Lehman 1997; McCloskey 2000;
 - Conduct Disorders
 - Mood Disorders
 - Anxiety Disorders
 - ADHD





**How do we identify and
help victims in the
health care setting?**

Only through
identification and
acknowledgment of
abuse will we be able to
end the cycle.



RADAR

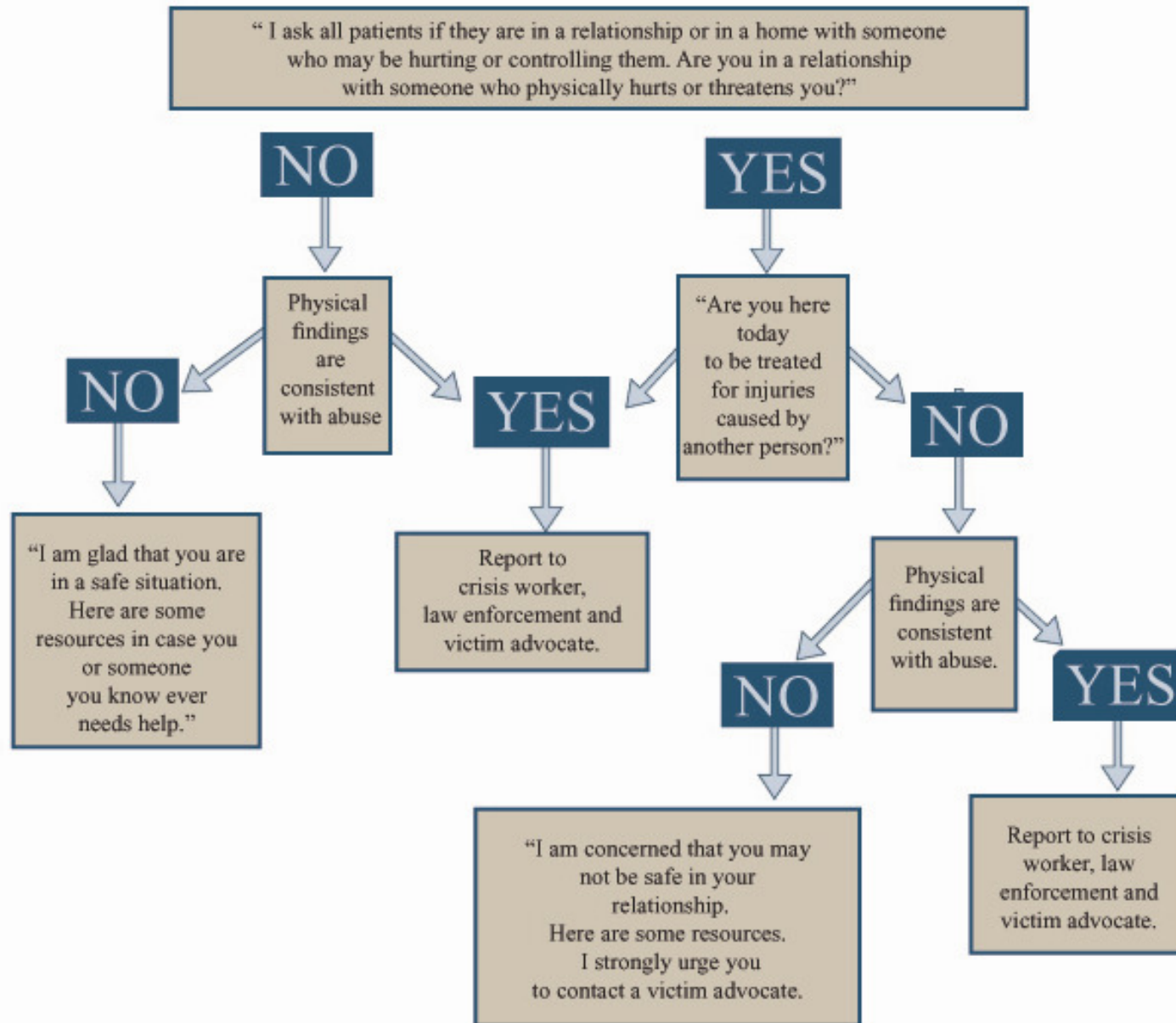


- **R** = Routinely screen women for abuse
- **A** = Ask direct questions
- **D** = Document your findings
- **A** = Assess safety of victim and children
- **R** = Review options and referrals

Massachusetts Medical Society.© 1992. Used with Permission.

Identification, Assessment, Intervention

Assessment and Decision Tree



Identification, Assessment, Intervention

R = Routinely Screen

- Every female 14 years of age or older
- Consistently
- Alone with the patient
- Respectful and non-judgmental
- Inform patient of reporting requirements



Identification, Assessment, Intervention

A = Ask Direct Questions

- “Because violence is so common in many people’s lives and witnessing violence can have negative effects on children, we have begun to ask all our patients about their experience with violence.”

A = Ask Direct Questions

- Are you in a relationship with a person who physically hurts or threatens you?
- Are you safe at home?
- Has your partner or anyone in your home ever hit or hurt you in anyway?
- Do you feel afraid of your partner or anyone in your home?
- Do you feel you are in any danger?
- Did someone you are in a relationship with do this to you?

Patient Discloses IPV Victimization

- Tell patient that you appreciate he/she confiding in you
- Be nonjudgmental
- Determine if there is an immediate threat
 - Do you feel safe?
 - Is your partner here with you today?

Send Supportive Message

- You are not alone
- You and your children do not deserve this
- This is a safe place for you to obtain help
- DV is a crime

A = Assess Safety

- Are there guns in the home?
- Are you planning on leaving?
- Do you need access to a shelter?
- Can you stay with family or friends?
- Has the violence increased?
- Have there been threats of homicide/suicide?
- Has there been violence against the children?
- Are your children safe?
- Have you ever been choked?

D = Documentation

- Reasons for Documentation
 - Correct diagnosis
 - Provide assistance and referrals
 - Victim Advocates
 - Police
 - DCFS
 - Courts
 - Counselors
 - Legal requirements



Identification, Assessment, Intervention

D = Documentation

- What is initially said, “The first story.”
- Demeanor of victim--upset, fearful, guarded, angry, protective
- Record “excited utterances”
 - The nurse, examining a “crying” victim, documents the victim’s statement,
 - “My husband beat the *^\$#* out of me!”
 - This statement was made after the nurse simply asked, “What happened?”

D = Documentation

- How the injuries occurred
- Who caused the injuries
- If children were involved
- If victim's story is not consistent with injuries
- If victim refuses to tell you how injury occurred
- Photos



D = Documentation

- Due to the nature of domestic relationships, information concerning the domestic incident and how injuries were sustained can usually be obtained only within a **short window of opportunity**
- The cooperation of victims is often short-lived

D = Documentation

- If the victim is not your patient, i.e., a pediatric patient's parent then
 - Ask if it is safe to document in the child's chart
 - Use abbreviations (DV+, RADAR+)
 - Use 'restricted access' document

R = Review Options

- Refer the patient to specialists trained to help victims cope with all aspects of the abuse
- Involve social worker/DV advocate
- Take time to discuss options/referrals
- Give victim written information if it is safe to do so
- Call authorities if appropriate
- Find safe shelter for family if needed

R = Reporting

- Health care providers must report to law enforcement incidences of Utah Health Code Statute 26-23a; 76-5-102
 - Suspected child abuse
 - Suspected elderly or disabled abuse
 - Any assault (even if the patient is a competent adult)
 - Assault occurs when one person inflicts an injury on another person -- this includes abuse
 - It is against the law even if the perpetrator is an acquaintance or a loved one

R = Reporting

- Statutory Protections
 - A person may not be discharged, suspended, disciplined, or harassed for making a report pursuant to mandatory reporting requirement
 - A person may not incur any civil or criminal liability as a result of making any report required by mandatory reporting statute
- **Failure** to report an injury inflicted by another person is a class B misdemeanor

R = Reporting

- If a patient is being treated for an injury or illness not related to abuse, but discloses to the provider that he or she is a victim of DV, the health care provider is not required to report this to authorities
 - However, it is strongly recommended that the provider refer the patient to resources to obtain help for him/herself and his/her children

R = Reporting

- In the State of Utah, commission of DV in the presence of a child is considered child abuse and must be reported to the appropriate authorities
 - “In the presence of a child” means: in the physical presence of a child; or having knowledge that a child is present and ***may*** see or hear an act of domestic violence

Utah Statute §76-5-109.1

HIPAA REGULATIONS

- Health Insurance Portability and Accountability Act permits covered entities to disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect or domestic violence
 - Utah law allows for reporting domestic violence to authorities without disclosure to the patient or their representatives prior to the report

Me? A Witness?

- It is rare for health care providers to be summoned to court
- Good documentation may keep you out of court
- If you are called to court, someone will help you through the process

Police Officer's Role

- Keep the victim safe
- Conduct interview
- To collect evidence
 - Photos, statements etc.
- Coordinate with the courts



Identification, Assessment, Intervention

Victim Advocates

- Safety plan with the victim
- Provide support
- Educate the victim
- Assist the victim with court process
- Referrals



Identification, Assessment, Intervention

Statewide Resources

- Utah Domestic Violence Council
www.udvc.org
- Office on Domestic and Sexual Violence
www.nomoresecrets.gov
- Utah Department of Health
www.utah.health.gov/vipp
- Division of Child and Family Services
www.hsdccfs.utah.gov



Identification, Assessment, Intervention

Hotline Numbers

- **Domestic Violence Information Line**
 - (800) 897-LINK (5465)
- **Rape and Sexual Assault Information Line**
 - (888) 421-1100
- **National DV Hotline**
 - (800) 799-SAFE (7233)
- **Child Abuse and Neglect Reporting Number**
 - (888) 678-9399

Summary

- Your response to disclosure needs to be genuine, nonjudgmental and supportive
- Make your health care setting a place where patients feel they are safe
- DV is not a 'private' matter and it is not just a law enforcement or criminal justice concern
- It profoundly affects our patients' health and the health of their children
- Ask your patients--because if you don't ask they won't tell

In Conclusion

“The aim of medicine is to address not only the bodily assault that disease or an injury inflicts, but also the psychological, social, even spiritual dimensions of this assault.”

American Medical Association

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